



BUILDING INFRASTRUCTURE FOR COORDINATED SCHOOL HEALTH: CALIFORNIA'S BLUEPRINT INVOLVEMENT OF LOCAL-LEVEL HEALTH DEPARTMENTS

One of the most important, cross-cutting social policy perspectives to emerge in recent years is an awareness that no single institution can create all conditions that young people need to flourish, not only in schools but in their careers and as parents.

*-- Melaville and Blank
Mott Foundation*

A multitude of institutions, agencies, and organizations, as well as parents and families, must assume responsibility for the health and academic success of California's children and youth. To address this responsibility, more than 70 people from a broad spectrum of organizations worked together as members of the Coordinated School Health Work Group (Work Group) to determine how to best build an interagency system of supports for the State's children and families. Included in this group were representatives from key public health agencies, including local health departments. The result was the development of ***Building Infrastructure for Coordinated School Health: California's Blueprint (School Health Blueprint)*** which provides recommendations and action steps that can be initiated by the California Department of Education, Department of Health Services, and other state departments; county offices of education; local health departments; school districts and schools; and community and business partners.

The Centers for Disease Control and Prevention describes coordinated school health as planned, integrated, and school-affiliated programs which are designed to enhance the health of children and adolescents. It is comprised of eight interrelated components:

- health education
- physical education
- parent and community involvement
- healthful school environment
- health services
- counseling, psychological and social services
- nutrition services
- health promotion for staff

The key to school health is to get the eight components working together in a coordinated fashion. At the local level, public health staff, school staff, parents, students and other community members can plan how to best bring these interrelated areas together.

In the development of the *School Health Blueprint*, the Work Group identified six goals that focused on the following elements:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Youth development ▪ Policy development ▪ Funds and resources | <ul style="list-style-type: none"> ▪ Collaboration and coordination ▪ Personnel capacity ▪ Research-based strategies |
|--|---|

Local health departments are critical to the success of accomplishing the goals and action steps. Below are the action steps the Coordinated School Health Work Group identified specific to the involvement of local health departments.

Goal 1: Coordinated school health policies and programs will support and contribute to the positive development of children and youth.

Action steps:

- A. Identify community assets, resources, and public support for coordinated school health and youth development.
 - Work with youth, families, and community partners to map assets and conduct a poll to determine local support for coordinated school health and youth development.
 - Administer the California Healthy Kids Survey and the resilience assessment module.¹
- B. Advocate the inclusion of youth development in coordinated school health programs.
 - Support youth development in implementing local coordinated school health programs and after-school programs.
 - Work with youth, families, and community partners to create developmental supports and opportunities for them.

Goal 2: Policies at all levels will fully support coordinated school health for California’s diverse population.

Action steps:

- A. Promote and support local policy adoption that embraces coordinated school health at the district and school site levels.
 - Advocate for local policies and operating codes that support implementation and coordination of the eight components of coordinated school health.

¹ The California Healthy Kids Survey is based on the Centers for Disease Control and Prevention Youth Risk Behavior Survey and the California Student Survey.

Goal 3: Funds and resources will be allocated to support coordinated school health for California's diverse population.

Action steps:

- A. Ensure that current and future school reform planning and funding opportunities include coordinated school health.
 - Identify opportunities for expanding and combining categorical funds.
 - Explore the possibility of allowing grantees/contractors to maximize use of funds for coordinated school health while maintaining accountability for the results intended for each categorical program.

- B. Make optimal use of dedicated and flexible funding to improve coordinated school health continuously.
 - Focus on measurable outcomes when planning and implementing coordinated school health.
 - Be flexible in determining how the results are to be accomplished.
 - Use broad-based strategies that enable children and youth to develop skills that affect knowledge, attitudes and behavior positively.
 - Identify and implement strategies that ensure equitable involvement of all stakeholders, including youth.

- C. Advocate for coordinated school health funding.
 - Mobilize youth, families, and community partners to advocate for adequate coordinated school health funds among local, state and federal elected officials.
 - Include advocacy as part of a policy agenda for coordinated school health programs.

- D. Identify local, state, federal and private funding sources for coordinated school health programs.
 - Explore financing options, including Medi-Cal reimbursement, funding through Title I and Title II, and support from managed care companies and foundations.
 - Establish consortia composed of county offices of education, local health departments, school districts, schools, and such institutions as universities, hospitals, businesses, and law enforcement agencies to identify funding opportunities and apply jointly for coordinated school health grants.

Goal 4: Closer collaboration and better coordination will be established within and between the California Department of Education and Department of Health Services, other state and local agencies, and business and community partners.

Action steps:

A. Develop, implement and evaluate projects and programs.

- Conduct a grassroots outreach information-gathering effort, such as community asset mapping and forums, to determine what health education and health services the families want in the schools.
- Identify common goals and create a joint coordinated school health work plan.
- Establish a county management-level policy group to work with key stakeholders to achieve common outcomes or integrate with an existing group.

B. Strengthen collaboration between schools and health and human services agencies and local public and private entities concerned about the health and well-being of youth.

- Promote the eight-component coordinated school health model as an integrated part of school reform.
- Expand the level of involvement that county offices of education and health departments have with schools and school districts, community-based organizations, institutions of higher education, governmental agencies, parent-teacher associations, and nonprofit organizations in developing coordinated school health.

Examples include:

- ◆ Local health departments can support schools and school districts in collecting, interpreting, and using health data for program development and evaluation more effectively.
- ◆ Local health departments and county offices of education can provide community-based organizations with technical assistance for accessing and working with schools and school districts.
- ◆ Local health departments and county offices of education can establish a planning or advisory body that includes community-based organizations, such as medical and dental societies, health plans, and others, to participate in development and advocacy for coordinated school health programs at the local level.

C. Develop strategies for effectively sharing information with school district staff.

- Use information-sharing strategies, such as meetings, newsletters, web sites, e-mail, and broadcast faxes.
- Have nurses from the local health department and school districts in the county meet periodically and communicate regularly to coordinate programs, provide mutual technical assistance, share resources, address challenges, and improve services to children, youth and families.

Goal 5: Personnel capacity in school health at the state and local levels will increase and will reflect California's diverse population.

- A. Employ appropriately credentialed school health program staff members to oversee the implementation of coordinated school health and provide appropriate professional development.
 - Designate qualified staff to provide leadership for coordinated school health.
 - Oversee the use of community needs assessment to guide professional development that addresses local needs.
 - Urge local education agencies and health agencies to conduct or attend trainings (or both) jointly to facilitate collaborative planning and implementation.

Goal 6: Use of state-of-the-art, research-based strategies to implement coordinated school health will increase.

- A. Educate schools and school districts in research-based, coordinated school health curricula, programs, and other best practices and facilitate their adoption.
 - Inform schools and school districts about data and models available to assist in planning, implementation, and evaluation.
 - Assist schools and school districts in developing mechanisms for implementing and assessing curricula and programs and educating their communities about best practices in school health.

For questions or more information, please contact: School Health Connections at (916) 653-7746.